



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 28, 2015

Ms. Deb Choma, Manager
Shard Villa
1177 Shard Villa Road
Salisbury, VT 05769-9588

Dear Ms. Choma:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 30, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0152	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2015
NAME OF PROVIDER OR SUPPLIER SHARD VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 1177 SHARD VILLA ROAD SALISBURY, VT 05769		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensure survey was conducted by the Division of Licensing & Protection on 6/29 & 30/2015. The following regulatory deficiencies were identified:	R100	Please see attached Plans of Correction.	
R156 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.9 Level of Care and Nursing Services 5.9.d Residents of Level III or Level IV may receive home health services on a resident-specific basis to provide care the home cannot readily provide, including skilled nursing, speech therapy, physical therapy and occupational therapy on an intermittent basis (less than three times per week) or more intensively for short term (up to seven days a week for no more than 60 days) to the extent agreed upon by the service provider and the resident if all other provisions of these regulations are met. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interviews the facility failed to assure that home health services are only provided for care the home cannot readily provide, for Resident #4 (R#4). Findings include: Per staff interview with the Administrator, on 6/29/15 at 10:15 AM, R#4 receives Home Health services which include Social Work (SW), Skilled Nursing (SN), and Home Health Aide (HHA). S/he stated that the home health agency stated that services were being provided through Medicare and that a call to the Primary Care Physician (PCP) revealed that he had ordered home health	R156		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

R156 - R266 POCs accepted 7/27/15 mtg ginsRN/pmc

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R156	Continued From page 1 services to continue in the facility. The Administrator acknowledged that the facility could provide or arrange the services being provided by home health agency. In a physician visit note dated 10/9/14 the PCP stated that s/he felt that the resident may be being over evaluated and that perhaps home health services should be discontinued. In a telephone interview on 7/1/2015 at 10:55 AM, the Home Health nurse confirmed that R#4 receives SW visits weekly, SN visits weekly, and HHA services twice a week through the Medicare program. S/he stated that s/he was unaware of any regulation preventing provision of these services.	R156			
R159 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.9 Level of Care and Nursing Services 5.9.d. (3) Home health agencies shall not provide personal care services, such as bathing, for residents in residential care homes except with the permission of the licensing agency. Personal care by home health agencies associated with hospice care is permitted as long as the home meets all other requirements. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interviews the facility failed to assure that a home health agency did not provide personal care services without the permission of the licensing agency. Findings include: Per interview with the Administrator at 10:15 AM on 6/29/15, Resident #4 receives Home Health Aid (HHA) services 2-3 times a week to include	R159			

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R159	Continued From page 2 assistance with showers. S/he confirmed that no permission had been obtained from the licensing agency. In an interview at 11:40 AM on 6/29/15 the HHA confirmed that he/she provides shower assistance and assistance with dressing every Monday and Thursday. S/he stated that the resident was able to do much of the tasks on her own. A review of the documentation provided by the HHA s/he assists with hygiene, grooming, and mobility. On 6/29/15 the HHA was observed accompanying the resident to the dining room. In a telephone interview on 7/1/2015 the Home Health nurse confirmed that R#4 receives HHA services twice a week through the Medicare program. S/he stated that s/he was unaware of any regulation preventing provision of that service.	R159			
R161 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to assure that medications were administered appropriately for Residents #2, #4, and #6. Findings include: 1). Per observation of medication administration on 6/30/15, R#6 received morning medications at 10:15 AM, R#4 received morning medications at	R161			

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R161	Continued From page 3 10:28, and R#2 received morning medications at 10:42 AM. In record review of all Medication Administration Records for the 3 residents the assigned time of administration for the morning medications is 8 AM. A number of these medications are administered more than once daily with specific time frames between doses. In a telephone interview at 3:45 PM on 6/30/15 the unlicensed staff member administering medications confirmed that s/he was "running late" on the morning of 6/30 and that she had not informed the Administrator or Registered Nurse of the late medications before or after administration. In an interview on 6/30/15 at 2 PM the Administrator confirmed that the medications were administered outside the required time frame. 2). Per observation of medication administration on 6/30/15 at 10:15 AM, R#6 self-administered 3 different eye drops with observation by the unlicensed staff member after s/he had administered the resident's oral medications. S/he stated to the surveyor that R#6 prefers to administer his/her own eye drops. In an interview at 10:22 AM on 6/30/15 the Administrator confirmed that there was no physician order for self-administration of the eye drops nor had the resident been assessed by a Registered Nurse for the ability to self-administer the medications.	R161		
R266 SS=D	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.	R266		

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R266	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to assure that infection control measures to maintain a sanitary environment were followed. Findings include: Per observation on 6/30/15 at 10:15 AM medications were administered to Resident #6 by trained, unlicensed staff. The medications were administered at the food preparation table in the facility kitchen. During the observation R#6 self-administered 3 various eye drops. Between each administration s/he blotted his eyes with a paper towel. S/he placed the paper towel, used side down, on the food preparation table between each eye drop. In an interview on 6/30/15 at 10:20 AM the Administrator confirmed that medications should not be administered to residents in the facility kitchen.	R266		

Attn: Margaret Higgins RN

7/17/15

Shard Villa Residential Care Home Plan of Correction from Survey dated 6/30/2015

R156 V. Residential Care and Home Services

5.9

The home health nurse was made aware that this was duplication of services from the beginning. The Hospice Director was also made aware as she was notified by the Facility Administrator, but the services continued. The Facility Administrator notified the Hospice Director of her concerns regarding duplication of services upon admission of the resident.

On 7/10/15 the Facility Administrator called the physician's office requesting a discontinuation of services order for ACHHH home health services. On 7/15/15, the Facility RN called the physician's office again and was told that a DC of ACHHH services had been written by the physician on 7/10/15, and that this would be faxed to ACHHH today (7/15/15).

When the Home Health nurse arrived on 7/17/15 to see the resident, we informed her that the Home Health services had been DC'd. The staff at Shard Villa is now providing all nursing and personal care services to the resident.

Date of Correction Completion 7/15/15

R159 V. Resident Care and Home Services

5.9

As above. Shard Villa caregivers are already providing assistance with ADL's for this resident.

Date of Correction Completion 7/15/15

R161

5.10 Medication Management

All med techs have been re-educated that all medications must be given on time and that any late administration of medicine must be reported to the RN on duty.

By observation of staff administering medications and review of MARs, the facility will assure that medications are being administered in a timely manner.

Date of Correction Completed 8/15/15

R161 #2

On 6/30/15 an order was obtained from the physician for this resident to self administer his own eye drops, per his preference. Subsequently, all med techs have been re-educated that if it is not written on the MARs for self administration the med tech must administer the medication.

The facility RN conducted an assessment of this resident's ability to self administer his eye drops.

By observation, by a facility nurse, staff will be observed during medication pass to assure that all staff are correctly administering medications.

Date of Correction Completed 8/15/15

R266

9.1 Environment

All med techs have been re-educated regarding the appropriate setting for medication administration.

Prepared by Anne Thrailkill RN

Anne Thrailkill RN

Anne Thrailkill RN

Deb Choma R.N.

Deb Choma RN